

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER 61-031750

Registration District No. 10

Primary Registration District No. 5037

Registrar's No. 209

AMENDED

DATE AMENDED 9/26/61

INSTEAD OF J. Finis Brown

John Finis Brown, Jr.

ITEM NO. 3

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF Fun. Dir.

FILED SEP 19 1961

1. PLACE OF DEATH a. COUNTY <b>Audrain</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Audrain</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Salt River Twp Brown Acres Farm</b>		Length of stay in 1b <b>Yrs</b>		c. CITY OR TOWN <b>Mexico</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF DECEASED (If in hospital, give location) HOSPITAL OR INSTITUTION <b>N. E of Mexico on Brown Acres Farm</b>				Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>RFD #1</b>	
3. NAME OF DECEASED (Type or print) First <b>J John</b> Middle <b>Finis</b> Last <b>Brown, Jr.</b>				4. DATE OF DEATH Month <b>Sept.</b> Day <b>11</b> Year <b>1961</b>			
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>12-8-23</b>	
9. AGE (last birthday) <b>37</b>		IF UNDER 1 YEAR Months <b>37</b> Days <b>37</b> Hours <b>37</b> Min. <b>37</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer and Stockman</b>		11. BIRTHPLACE (City and state or country) <b>Brownwood Texas</b>	
12. CITIZEN OF WHAT COUNTRY <b>USA</b>		13a. FATHER'S NAME <b>John J. Brown</b>		13b. MOTHER'S MAIDEN NAME <b>Maude Evans</b>		14. NAME OF HUSBAND OR WIFE <b>Carol Bennett Brown</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, go, or unknown) (If yes, give war or dates of service) <b>Yes WW #2</b>				16. SOCIAL SECURITY NO. <b>WW #2</b>		17. INFORMANT <b>John J. Brown Mexico, Mo</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>GUN SHOT WOUND IN HEART -</b> INTERVAL BETWEEN ONSET AND DEATH <b>IMMEDIATE</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____ PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown							
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>SELF INFLICTED PISTOL WOUND</b>			
20c. TIME OF INJURY Hour <b>8</b> AM <input checked="" type="checkbox"/> PM <input type="checkbox"/> <b>APPROX 8 Sept 11, 61</b>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>FARM FIELD</b>		20f. CITY, TOWN, OR LOCATION <b>AUDRAIN CO., MO.</b>		STATE _____	
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____. Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>William W. Bradley M.D., coroner</b>				22b. ADDRESS <b>P.O. Box 178, Farber, Mo.</b>		22c. DATE SIGNED <b>Sept 12, 61</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>9-14-61</b>		23c. NAME OF CEMETERY OR CREMATORY <b>East Lawn Mem Park</b>		23d. LOCATION (City, town, or county) <b>Mexico, Missouri</b>	
24. FUNERAL DIRECTOR <b>Arnold Funeral Home, Mexico, Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>Sept 12-1961</b>		26. REGISTRAR'S SIGNATURE <b>Blanche Neely</b>	

SEP 20 1961

SEP 29 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Richard F. McDonald

Licensed Embalmer No. 7825

P. O. Address Memphis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.